

Born in Cleveland YES NO

THE CLEVELAND MUSEUM OF ART

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any

Artist

MOSES P.

PEARL

Address 1650 HAWTHORNE DR. MAYFIELD HTS 24, CUYAHOGA
NO. STREET CITY ZONE COUNTY

Tel. HI-2-6775

Out-of-town residents should state whether return shipment is required. YES NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Hoses P. Pearl
SIGNATURE

SIGNATURE